


CHARGE OF DISCRIMINATION <small>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</small>		Charge Presented to: Agency(ies) Charge No(s): <div style="display: flex; justify-content: space-between; align-items: center;"> <div> <input checked="" type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC </div> <div style="font-size: 1.2em; font-weight: bold;">440-2019-00517</div> </div>	
<u>Illinois Department of Human Rights</u> and EEOC <small>State or local Agency, if any</small>			
Name (indicate Mr. Ms. Mrs.) Timothy Hoffstead		Home Phone (Incl. Area Code) (331) 232-9848	
Date of Birth 12/24/1966			
Street Address 0S732 Myrtle, Winfield, IL 60190		City, State and ZIP Code	
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name Northeast Illinois Regional Commuter Rail Corporation d/b/a Metra		No. Employees, Members 1000+	Phone No. (Include Area Code) (312) 542-8380
Street Address 547 West Jackson Boulevard, Chicago, IL 60661		City, State and ZIP Code	
Name		No. Employees, Members	Phone No. (Include Area Code)
Street Address		City, State and ZIP Code	
DISCRIMINATION BASED ON (Check appropriate box(es).)		DATE(S) DISCRIMINATION TOOK PLACE	
<input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify below.)		Earliest Latest August 3, 2018 <input checked="" type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attached extra sheet(s)): I have worked for Respondent as a police officer since November 15, 2010. From approximately March 2014 until August 3, 2018, I worked as a field training officer and a K-9 handler for explosive detection, and was paid higher wages for doing so. At the end of July 2018, Respondent required me to submit to a random drug test and I tested positive for medications that I am prescribed and take lawfully for my disabilities, which are migraines and attention deficit disorder. Respondent refused to allow me to work from August 3, 2018 through October 9, 2018, during which time period I was not paid. Respondent reinstated me as a police officer on or about October 10, 2018, but refused to allow me to return to my former work schedule and refused to allow me to work as a field training officer or a K-9 handler. By the above actions, Respondent has discriminated against me because of my disabilities in violation of the Americans with Disabilities Act of 1990, as amended.			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY – When necessary for State and Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct. <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> 10-23-18 Date </div> <div>  Charging Party Signature </div> </div>		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT 23 2018 <div style="text-align: right; font-weight: bold; font-size: 1.2em;"> RECEIVED EEOC CHICAGO DISTRICT OFFICE </div> SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	